

EXHIBIT 2

Investigations Into Pay Practices at Syracuse Hospitals

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KALEIDA HEALTHclass action

PRESS / MEDIA [click here](#)

DISCLAIMER

Dolin, Thomas & Solomon LLP will not represent you until we have filed your completed consent form in court. Until that time you are not a client of this law firm. If Dolin, Thomas & Solomon LLP represents you our representation will be limited to unpaid wage claims or claims arising out of wage and hour law.

I acknowledge I have read the above

Please review the [Statement of Client Rights](#)

Attorney Advertising, Advertising Material: Hospital Class Action Lawsuits & Investigations are being handled by Dolin, Thomas & Solomon LLP. Prior Results do not guarantee similar outcomes. Damage awards in other lawsuits are only identified as an example of the types of settlements obtained and are not a guarantee of whether any recovery may be obtained. If Dolin, Thomas & Solomon LLP represents you, our representation will be limited to unpaid wage claims or claims arising out of wage and hour law as alleged in the complaint if it is filed. This website should not be construed as legal advice. Attorneys at Dolin, Thomas & Solomon LLP are licensed to practice in New York State only. Dolin, Thomas & Solomon is not responsible for the content of external internet sites or images from other sources.
Dolin, Thomas & Solomon LLP | 693 East Avenue, Rochester, NY 14607 | 877.272.4066 (tel), 877.272.4088 (fax)

CONSENT TO BECOME A PARTY PLAINTIFF

I consent to become a "party plaintiff," including if appropriate a named or representative plaintiff in any lawsuit that is filed seeking payment of unpaid wages, including overtime wages, and related relief against my employer(s), on behalf of myself and other former and current employees of the employer(s).

I am/was employed by Kaleida Health.

I authorize the representative plaintiffs or Plaintiffs' counsel to file this consent with the Clerk of the Court. I hereby further authorize the named plaintiffs to make decisions on my behalf concerning the litigation, the method and manner of conducting this litigation, including any settlement and therefore, the entering of an agreement with Plaintiffs' counsel concerning attorneys' fees and costs, and all other matters pertaining to this lawsuit.

Signature

____/____/____
Date

Print Full Legal Name

INFORMATION SHEET

Please keep us informed of any changes to your contact information

Dolin, Thomas & Solomon LLP
THE EMPLOYMENT ATTORNEYS

(PLEASE FILL OUT COMPLETELY)

Name _____
First name Last name

Home Phone (____) - ____ - ____

Address _____

Cell Phone (____) - ____ - ____

City _____ State ____ Zip Code _____

E-Mail Address _____

Social Security Number

X	X	X
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X	X
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Last four digits

Any personal identification information that you provide to us will not be disclosed to your employer and will only be used to protect your interests and the class members in this lawsuit or investigation.

(PLEASE CHECK ALL THAT APPLY)

☐ I am/was employed by Kaleida Health.

____/____/____
Start Date End Date

☐ I am/was employed by another health care institution.

Name of Health Care Institution – City/State

____/____/____
Start Date End Date

Name of Health Care Institution – City/State

____/____/____
Start Date End Date

Name of Health Care Institution – City/State

____/____/____
Start Date End Date

Please note that our representation of you will start only if we file a lawsuit and we submit your Consent Form in court seeking payment of unpaid wages, and other claims arising out of wage and hour law.

PLEASE RETURN TO

Hospital Overtime Class Action Lawsuits & Investigation
Dolin, Thomas & Solomon LLP
693 East Avenue
Rochester, New York 14607

If you have any additional questions, feel free to contact the law firm above at
www.hospitalovertime.com (website) info@hospitalovertime.com (e-mail)
585.272.0540 (telephone M-F 8:30AM-5:30PM ET) 585.272.0574 (facsimile)